



Full Name:_____ Age:_____ Birth Date:_____

Social Security #:_____ Gang Affiliation:_____

Address:_____

Work / School:_____

Phone #:_____ E-mail:_____

Education Level:_____ Long term goal:_____

Explain your gang affiliation (how long, what you did, when and why you got out):

Explain any arrests or criminal history:

Are you on probation, parole or community corrections? If yes, provide their name and phone number:

Do you have any pending criminal charges? If yes, explain:

Explain your reasons you are interested in having your gang tattoos removed:

List and explain your gang tattoos you want removed:

Explain how you learned about this program:

PROGRAM AGREEMENT

- Do you agree to complete community service work to have your gang tattoos removed? _____
- Do you agree to pay a \$25 fee to cover additional costs of the program and treatment? _____
- Do you agree to remain gang free, crime free and drug free? _____
- Do you understand that participation in this program will be terminated if you violate any requirement of this program, lie or commit any acts viewed as unethical? _____
- Do you consent to photos of you and your tattoos being used for trainings & presentations? _____

Applicants Signature: _____ Date: _____

PARENTS OF JUVENILES

- Do you consent in your juvenile participating in this program? _____
- Will you be able to attend all of your juvenile's treatments? _____
- Will you be able to assist your juvenile in community service work? _____
- Do you fully support the requirements and agreement of this program? _____

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____